

Horse Health Declaration & Waiver

Full name (owner/person in attendance)

Address of above

Email

Mobile/Phone number

Property of Origin (if different)

PIC Number from property

PIC Number of destination ...QKT10823.....

Official Horse Name (nominated name)	Breed	Description /Sex	Brand /Microchip	Hendra Vacc Date Y/N	

If staying overnight, please state inclusive dates: _ _ / _ _ / _ _ to / /

Declaration by owner or person in charge of horse/s

I declare that the horse/s named above has/have been in good health, eating normally and not showing signs of illness during the last 3 days leading up to attendance to this event today. I give my authorisation for the designated steward to call for veterinary inspection of the horse/s named above and, in my care, should they be showing signs of illness at any time during the course of the event. I agree to pay any veterinary fees incurred as a result of this.

I AGREE TO ENSURE THAT:

1. If required before movement, all horses will be cleaned.
2. All vehicles and equipment accompanying the horses will be in a clean condition at the start of travel to the event.
3. The information contained in this Horse Health Declaration is true and correct to the best of my knowledge
4. I agree to abide by all conditions and directions of the Organising Committee
5. I acknowledge that failure to comply with the above may result in refusal of entry to the grounds.
6. In the event of horse movement restrictions, each participant will be responsible for the care, maintenance and cost of their horse/s including feeding and watering

WAIVER OF LIABILITY INDEMNITY AGREEMENT
FOR THE GUNALDA & DISTRICT ASSOCIATION INC, ALL ITS OFFICE BEARERS & MEMBERS

- Horse Riding can be a dangerous activity
 - I understand and acknowledge the rules and safety requirements of the event in which I wish to participate
 - I understand that serious INJURY, DISABILITY OR EVEN DEATH may result from Team Penning or other riding events that I may participate in on the day
 - I understand and acknowledge that I RIDE AT MY OWN RISK
 - I hereby waive, release all my legal rights to legal action against the above Associations from any claim for loss, damage, injury, death or permanent disability howsoever arising & incidental to myself (or my child) attending at and/or taking part in the event organized by these associations. This waiver includes but is not limited to liability for any negligent or tortious act or omission, breach of contract or breach of statutory duty on the part of the Association, & I release the Association its' assigns, Office Bearers, Volunteers, Employees or Agents from all such claims, whether caused by negligence of the releases or otherwise. I understand it is my decision to wear or not to wear an approved safety helmet, and understand and acknowledge that by not riding with a safety helmet I may receive serious head injuries, permanent disability or even death in the event of an accident
 - I understand and acknowledge not to ride whilst under the influence of drugs or alcohol
 - I understand not to ride in a dangerous manner which may cause injuries to others or myself
 - I declare that my saddle, my horse and myself are in sound condition
 - I consent to receiving medical treatment &/ or ambulance transport if the organizers deem it necessary
- I HAVE READ THIS RELEASE AND WAIVER LIABILITY INDEMNITY AGREEMENT AND FULLY UNDERSTAND ITS TERMS AND FURTHER UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME & INTEND THAT MY SIGNATURE BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.
- BY SIGNING HERE UNDER I CONFIRM THAT I HAVE READ & UNDERSTAND THE CONTENT OF THIS WAIVER

PRINT NAMES

SIGNATURE

DATE

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PARENT OR GUARDIAN CONSENT FOR COMPETITORS UNDER 18 YEARS OF AGE

I being the parent/guardian of the child known as....., confirm that I have read the whole waiver and have taken all necessary actions to ensure I am aware of Team Penning above child will be participating in & consent to his/her participation. By signing this waiver I confirm having read & understood the contents of this disclaimer & note this document constitutes a complete & unconditional release of all liability of the Gunalda & District Campdraft Association Inc to the greatest extent allowed by law in the event of me and/or my child under my care against suffering injury or death.

Print name _____

Signature _____ Date _____

